

#### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

#### PLEASE PRINT

1. Name of Lobbyist(s): Debra Miller, Julianne McConnell, Tara Reardon

| II. Name of lobbyis   | st's partnership,                | firm or corporation, if                                 | any:   | •  |
|---|----------------------------------|---|--|--|
|   |                                  | nity Loan Fund  |  |  |
| 7 Wall Street   | ,                                | Concord   | NH   | 03301                                    |
|   | (Street)                         | (Town/City)   | · (State)  | (Zip Code)                               |
| (603) 224-6669  | 9 .                              | (603) 225-7425  | •  | @communityloanfund.org                   |
| (Telephone  | )                                | (Fa   | x)   |  |
|   |                                  | e one – file separate repo<br>hich are not attributable |  | u may file a separate report for         |
| ☐ All reportable tr   | ansactions occur                 | ring in the months prior to                             | the reporting date relative                                | to the following client:                 |
|   |                                  |   |  |  |
| OR.   | (Full Name of                    | Client as it appears on the L                           | obbyist Registration Form)                                 |  |
|   |                                  | lobbyist (including the lo                              | bbyist's family), or the lobb                              | oying firm listed below which are        |
| IV. Date of Report  |                                  |   | July 25, 2018  |  |
| Reports cover: ac   | · · ·                            | registration to 3/31/18                                 | activity from 4/1/18 to 6/3                                |  |
|   | October 31, activity from 7/     |   | January 30, 2019<br>activity from 10/1/18 to 1             |  |
|   | d, complete just t               |   | le transactions made sin<br>the Secretary of State's Offic |  |
| VI. Check if additi   | onal reports are                 | attached:   |  |  |
| X If you have reco  | cived fees or mad                | e expenditures, you must                                | ·file Addendum A.– Fees ar                                 | nd Expenses                              |
| ☐ If you have paid<br>Expense Reimburse   |                                  | or reimbursed expenses, y                               | ou must file Addendum B-                                   | - Report of Honorariums or               |
| ☐ If you, your firr   | n, or your family                | has made political contri                               | butions, you must file Adde                                | endum C- Political Contributions         |
| Sworn Statement/A I have read RSA 15, and complete to the (Signature of lobby) Debra Miller | RSA 15-B, RSA<br>best of my know | 14-C and RSA 664 and                                    | hereby swear or affirm that                                | the foregoing information is true (Date) |

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### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

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NEW HAMPSHIRE DEPARTMENT OF STATE

FEB 04 2019

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Debra Miller, Julianne McConnell, Tara   | a Reardon   |
|---|---|
| II. Name of lobbyist's partnership, firm or corporation, if any:  |   |
| New Hampshire Community Loan Fund   |   |
| (Name of partnership, firm or corporation)  | •   |
| III. Name of Client N/A   | Date  |
| ·   |   |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:  | relations, or public relations services   |
| a) Total of all fees received in this reporting period  | a) \$ 0   |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)  | b) \$   |
| c) Total of all fees received to date (Add lines a and b)   | c) \$   |
| d) Indicate the amount of any such fees that are due, but have not yet been paid  | d) \$   |
| V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (c) the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$   |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$   |
| c) Total of all itemized expenditures reported in detail in section VI  | c) \$ 0   |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                                   |
|--|---|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$369.42                             |
| f) Total of all expenses year to date  | f) \$369.42                             |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.   | obbying fees during this reporting      |
| Paid to:   | Amount:                                 |
|  | \$                                      |
|  | \$                                      |
|  | \$                                      |
|  | \$                                      |
|  | \$                                      |
|  | \$                                      |
| ······   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Sworn Statement/Affirmation by Lobbyist  |   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.                          | m that the foregoing information        |
| (Signature of lobbyist)  | 1/31/19<br>(Date)                       |

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn  | Staten | nent/Affirm | ation by | Lobbyist |
|--------|--------|-------------|----------|----------|
| Statem | ent of | Income and  | Expens   | es for:  |

| Name of Lobbying pa     | artnership, firm, or cor | poration: New Hampshire       | Community Loan Fund  |
|-------------------------|--------------------------|-------------------------------|--|
| Name of Client (leave   | e blank if Statement is  | for the partnership, firm, or | corporation and not related to any                             |
| particular client):     |                          |                               |  |
| Date of Report (chec    | k one):                  |                               |  |
| April 25, 2018          | July 25, 2018            | October 31, 2018 🗆            | January 30, 2019 🔯   |
|                         |                          |                               | nd Expenses described above, and umber of Addendum forms being |
| X Addendum A            | (s).                     |                               |  |
| Addendum B              | (s).                     | ·                             |  |
| Addendum C              | (s).                     | •                             |  |
| complete to the best of | of my knowledge and b    | elief.                        | nt and each Addendum is true and                               |
| (Signature of lobbyist  | _ Milonnes               |                               | 1/31/19<br>(Date)  |
| Julianne McCo           | nnell                    |                               |  |
| (Print Name of Johby    | iet)                     |                               |  |

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

| Sworn Statement/A<br>Statement of Incom   | -                    | •   |                     |              |
|---|----------------------|---|---------------------|--------------|
| Name of Lobbying par  | tnershin firm or cor | poration: New Hampshire                                     | Community Loan Fund | · Ł          |
|   |                      | for the partnership, firm, or                               |                     |              |
| particular client):   |                      |   |                     | <del>,</del> |
| Date of Report (check   | one):                |   |                     |              |
| April 25, 2018 🗆  | July 25, 2018        | October 31, 2018 🗆  | January 30, 2019 🛭  |              |
| the following Addend submitted):  | ums submitted with   | the Statement of Income ar<br>that Statement (insert the nu |                     |              |
| X Addendum A(   | 5).                  |   |                     |              |
| Addendum B(   | s).                  |   | ·                   |              |
| Addendum C(s  | 3).                  |   |                     |              |
| I hereby swear or affir complete to the best of (Signature of lobbyist)  Debra Miller | my knowledge and t   | information on the Statemer belief.                         |                     |              |

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

| Statement of Income and Expenses   |  |
|--|--|
| Name of Lobbying partnership, firm, or   | corporation: New Hampshire Community Loan Fund   |
|  | at is for the partnership, firm, or corporation and not related to any   |
|  |  |
| Date of Report (check one):  |  |
| April 25, 2018   | October 31, 2018   January 30, 2019  |
|  | 664, the Statement of Income and Expenses described above, and ith that Statement (insert the number of Addendum forms being |
| X Addendum A(s).   |  |
| Addendum B(s).   |  |
| Addendum C(s).   |  |
| I hereby swear or affirm that the forego complete to the best of my knowledge at (Signature of lobbyist)  Tara Reardon | ing information on the Statement and each Addendum is true and belief.    1/3/19   (Date)                                    |